

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69782

1. Entity Name

MCDERMOTT & ASSOCIATES, AVIATION SPECIALISTS, IN

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90089 006 ***158.75

Principal Place of Business

Mailing Address

695 TARPON BAY RD., SUITE NO. 4
SANIBEL ISLAND FL 33957

695 TARPON BAY RD., SUITE NO. 4
SANIBEL ISLAND FL 33957-3135

2. Principal Place of Business

3. Mailing Address

174 SOUTHWINDS DRIVE

174 SOUTHWINDS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL FLORIDA

City & State

SANIBEL FLORIDA

4. FEI Number

65-0214678

Applied For

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDERMOTT, JOHN
695 TARPON BAY RD., SUITE NO. 4
SANIBEL ISLAND FL 33957

Name

McDERMOTT, JOHN

Street Address (P.O. Box Number is Not Acceptable)

174 SOUTHWINDS DRIVE

City

SANIBEL

FL

Zip Code

33957

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCDERMOTT, JOHN J.
STREET ADDRESS 174 SOUTHWINDS DR
CITY-ST-ZIP SANIBEL FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. MCDERMOTT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 26, 2000

Date

Daytime Phone #

(941) 395-2475

CR2E034 (9/99)